

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3299</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>MICHAEL</u> <u>F</u> <u>MILLER, JR</u> P.O. Box, Bldg., Room No., if any _____ Street <u>10045 RIVERSIDE DR.</u> City <u>TOLUCA LAKE</u> State <u>CA</u> ZIP Code + 4 <u>91602</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL ALLIANCE THEATRICAL STAGE...</u> Labor Organization File Number <u>000-172</u> P.O. Box, Building and Room Number, if any <u>20th Floor</u> Street <u>1430 BROADWAY</u> City <u>NEW YORK</u> State <u>N.Y.</u> ZIP Code + 4 <u>10018</u>
5. Position in labor organization. <u>INTERNATIONAL VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7/7/2005

Date

(818) 980 3499

Telephone Number

Name of Person Filing MICHAEL F MILLER JR	File Number U- 3299
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name GEFFNER AND BUSH</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 3500 WEST OLIVE AVE</p> <p>City BURBANK</p> <p>State CA ZIP Code + 4 91505</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name MOTION PICTURE INDUSTRY PENSION AND HEALTH</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any PO BOX 1999</p> <p>Street 11365 VENTURA BLVD</p> <p>City STUDIO CITY</p> <p>State CA ZIP Code + 4 91614</p>	<p>11.a. Nature of such dealing.</p> <p>LEGAL</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received.</p> <p>GIFT, SPORTING EVENTS</p> <p>12.b. Amount. 331.74</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><input type="text"/></p>

Name of Person Filing

MICHAEL F. MILLER JR

File Number U-3299

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PACIFIC CARE BENEFIT HEALTH SYSTEMSTrade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 400Street 5990 SEPULVEDA BLVDCity VAN NUYSState CA ZIP Code + 4 91411

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MOTION PICTURE INDUSTRY PENSION AND HEALTHTrade Name, if any: P.O. Box, Bldg., Room No., if any PO BOX 1999Street 11365 VENTURA BLVDCity STUDIO CITYState CA ZIP Code + 4 91614

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

HEALTH CARE PROVIDER

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

CHARITY EVENTS, SPORTING EVENT

12.b. Amount.

EST. \$250.00

Name of Person Filing Michael F. MillerFile Number U- 3299

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name DELTA DENTAL of CA
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 12899 TOWNE CENTER DR.
City CERRITOS
State CA ZIP Code + 4 90703

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Motion Picture Industry Pension and Health
Trade Name, if any:
P.O. Box, Bldg., Room No., if any PO Box 1999
Street 11365 VENTURA BLVD
City SANJOSE CITY
State CA ZIP Code + 4 95164

11.a. Nature of such dealing.

HEALTH CARE FUNDING

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

SPOONING EVENTS - CHARITY

12.b. Amount.

\$100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

File Number U- 3299

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.